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(Depositor's name) <u>Wendy Frick</u> (Signature 20*0*°

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/077,719 02/15/2002 Victorio C. Rodriguez PS 00-07-01 2639

TITLE OF INVENTION: THERAPEUTIC AND PROPHYLACTIC TREATMENT OF AGING AND DISORDERS OF AGING IN HUMANS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	06/09/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
PAK, JOHN D		1616		514-400000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of agents OF firm (havi agent) and	nting on the patent front p up to 3 registered pate 8, alternatively, (2) the na- ing as a member a registed d the names of up to 2 ro or agents. If no name is nted.	lage, list (1) the nt attorneys or a single cred attorney or egistered patent	e, Halter &
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24024

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

application of:

Serial No.:

Filed:

RODRIGUEZ, VICTORIO C.

10/077,719

February 15, 2002

For: THERAPEUTIC AND PROPHYLACTIC

DISORDERS OF AGING IN HUMANS

TREATMENT OF AGING AND

Attorney Docket No.:

Examiner: Pak, John D.

27394/04002

Art Unit: 1616

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TRANSMITTAL OF ISSUE FEE

Sir:

Transmitted herewith are the following:

- 1. Issue Fee Transmittal;
- 2. A check in the amount of \$695.00; and
- 3. A Return Receipt Postcard.

It is believed that no further fee is required relating to the filing of this document. If this is not the case, the Patent Office is hereby authorized to charge any related fee to Deposit Account No. 03-0172. A duplicate copy of this sheet is attached.

Respectfully submitted,

Date: (Doub 6, 00

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